



State of Illinois  
**Calendar Year 2015 Fire Marshal Tax Return**

Illinois Department of Insurance  
 P.O. Box 7087  
 Springfield, IL 62791

**Payable: On or before March 31, 2016 for Direct Business During the Calendar Year 2015**

Web Site: [www.insurance.illinois.gov](http://www.insurance.illinois.gov) (Department Links>Companies>Tax Forms)

Federal Employer Identification Number: \_\_\_\_\_

By the \_\_\_\_\_ Insurance Company

of \_\_\_\_\_  
 Street and Number City State Zip Code

For the calendar year 2015 as required by "425 ILCS 25/12" of the Illinois Compiled Statutes.

**Worksheet on reverse side must be completed first**

1. Net amount of taxable premiums from Line 14 on worksheet..... \$ \_\_\_\_\_
2. Tax due (1% of Line 1) ..... \$ \_\_\_\_\_
3. Fire Marshal Tax Credit (deduct prior year overpayment; attach copy of credit letter) ..... \$ \_\_\_\_\_
4. Amount of tax paid (subtract Line 3 from Line 2) ..... \$ \_\_\_\_\_
5. Penalty for failure to file tax return (\$400/month or 10% of tax, whichever is greater) ..... \$ \_\_\_\_\_
6. Penalty for failure to pay tax (10% of tax due) ..... \$ \_\_\_\_\_
7. Interest on tax paid after due date (IRS rate during tax period, 12% minimum) ..... \$ \_\_\_\_\_
8. Total penalty and interest (add Lines 5 through 7) ..... \$ \_\_\_\_\_
9. Balance due (Line 4 plus Line 8) ..... \$ \_\_\_\_\_

**A separate check is requested for each company of an insurance group and for each tax or fee.  
 You must complete and return this return, even if no tax is due.**

The undersigned President and Secretary of the \_\_\_\_\_  
 Insurance Company, being duly sworn upon their oaths say that the foregoing report and the statements contained therein and each and  
**every one of them are true and correct.**

\_\_\_\_\_  
 Secretary's signature Date

\_\_\_\_\_  
 President's signature Date

Contact Person and e-mail address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Remittance should be payable to **Illinois State Treasurer** and mailed with the completed tax return to: Illinois Department of Insurance, P.O. Box 7087, Springfield, Illinois 62791. File only one original copy. The official filing date is the U.S. Postal date per 50 Ill. Adm. Code 2500.60.

**Important Notice:** Disclosure of this information is **required** under the Illinois Compiled Statutes' insurance laws. Failure to provide this information could result in a fine. This form has been approved by the Forms Management Center.

**Illinois Fire Marshal Tax Worksheet**

**Calendar Year 2015**

**FEIN #:** \_\_\_\_\_

**Name of Company:** \_\_\_\_\_

<u>Line of Business &amp; Corresponding Line from Page 19, Annual Statement</u>	<u>Net Direct Premium (Col. 1 less Col. 3, Page 19)</u>	<u>Illinois *FAIR Plan Premiums</u>	<u>Percentage Applicable</u>	<u>Taxable Premium</u>
1. Fire	1. _____	<b>Less</b> _____	100%	_____
2. Allied Lines	2.1 _____	<b>Less</b> _____	25%	_____
3. Multiple Peril Crop	2.2 _____		1%	_____
4. Farmowners M.P.	3. _____		40%	_____
5. Homeowners M.P.	4. _____	<b>Less</b> _____	40%	_____
6. Commercial M.P. (non-liability)	5.1 _____		40%	_____
7. Ocean Marine	8. _____		15%	_____
8. Inland Marine	9. _____		15%	_____
9. Earthquake	12. _____		25%	_____
10. Private Pass. Auto P/Dam. TOTAL	21.1 _____		5%	_____
11. Commercial Auto P/Dam. TOTAL	21.2 _____		5%	_____
12. Aircraft (all perils)	22. _____		10%	_____
13. Other	_____		%	_____
14. <b>Total Taxable Premiums</b> (carry forward to line 1 reverse side) .....				\$ _____
15. Fire Marshal Tax Rate .....				\$ _____ x 1%
16. Fire Marshal Tax (carry forward to Line 2, reverse side) .....				\$ _____

\*Do not include the FAIR Plan premiums as taxable direct premium written. The FAIR Plan will pay the Fire Marshal tax on these premiums.